# ANZCA
## FPM

# Unconscious bias toolkit

*The college acknowledges the Traditional Custodians of Country throughout Australia and recognises their unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society. We pay our respects to ancestors and Elders past and present, and commit to supporting our Aboriginal and Torres Strait Islander fellows and trainees.*

*The college acknowledges and respects ngā iwi Māori as the Tangata Whenua of Aotearoa and is committed to upholding the principles of Te Tiriti o Waitangi, fostering the college's relationship with Māori, supporting our Māori fellows and trainees, and striving to improve the health of Māori.*

## Introduction

ANZCA is committed to addressing issues of equity relating to patient care, as well as the development of a safe and equitable working environment for all fellows, trainees and specialist international medical graduates (SIMGs). To achieve equity, individuals and organisations must understand, identify and manage unconscious bias.

The following toolkit, developed by the Gender Equity Sub-Committee, provides an introduction to unconscious bias. It explains how unconscious bias influences the care our patients receive and the professional endeavours of our members. It also provides strategies and resources to identify and mitigate the effects of unconscious bias.

## Key points

- Unconscious biases can result in prejudiced behaviour that counteracts our conscious beliefs.
- We all have unconscious biases. These influence our decision making, whether we are aware of them or not.
- We can assess our unconscious biases and then take action to minimise their negative effects.

### What is unconscious bias?

Bias is a tendency to favour one group over another.[1] Unconscious bias, also known as implicit bias, is defined as: "attitudes or stereotypes that unconsciously alter our perceptions or understanding of our experiences, thereby affecting behaviour, interactions, and decision making".[1]

To understand unconscious bias, it's important to acknowledge that our brains are wired to form stereotypes. Stereotypes are assumptions made about individuals or things, based on their belonging in a particular group rather than their own individual characteristics.[2] Stereotyping helps our brains make efficient shortcuts when processing the overwhelming volume of information it receives. For example, stereotyping allows us to rapidly differentiate a dangerous animal from a harmless one.

Unconscious biases are, in part, a result of learned stereotypes that are shaped by our childhood, social structures and community beliefs.[3] They can be subtle and unrecognised, yet significantly impact our decision-making. They can have positive or negative effects, and importantly, can contribute to systemic inequality.[4] Unconscious biases can relate to gender, sexual orientation, ethnicity, race, age, socioeconomic status, abilities, religion or other diversity characteristics.

Doctors are trained to avoid overtly biased behaviour, such as racism and sexism.[5] However, despite our good intentions, unconscious bias can affect our behaviour, relationships, workplace culture, recruitment and clinical decision-making. It's vital that medical practitioners have a clear understanding of unconscious bias and its effects.

### Further reading

*External links*

- [State of the science: implicit bias review.](#) The Kirwan Institute for the Study of Race and Ethnicity. [4]

*Publications*

- Marcelin J, Dawd S, Victor R, Kotadia S, Maldonado Y. *The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It*. The Journal of Infectious Diseases 2019;220(S2):S62–73. Available from: https://academic.oup.com/jid/article/220/Supplement_2/S62/5552356
- Glas KE, Faloye A. *Unconscious (Implicit) bias*. Journal of Cardiothoracic and Vascular Anesthesia 2021; 35(4):pp 991–2

# What types of bias exist?

It's useful to be aware of the following types of bias. Understanding these helps us to identify bias when it occurs.

**Affinity bias:** a tendency for an individual to prefer another individual who is similar to them.[6]

*Example: a supervisor's tendency to think more positively of a junior staff member who went to the same high school as them.*

**Halo effect:** "the tendency to let one characteristic of an individual positively influence the appraisal of other characteristics".[7]

*Example: an interviewer subconsciously making a more positive assessment of an applicant's competence and skill because of their attractive physical appearance.*

**Horns effect:** when a negative judgement is made about an individual based on a single negative trait.[8,9]

*Example: a doctor presuming a patient will be generally challenging to care for because they showed up late for their appointment.*

**Perception bias:** the tendency to judge an individual based on a stereotype of a group which they are a member of.[10,11]

*Example: an interviewer assuming a job applicant who is a mother doesn't have time for the role.*

**Confirmation bias:** "the tendency for people to seek information that confirms pre-existing beliefs or assumptions".[10]

*Example: a recruitment panel focusing excess attention on a job candidate's successful sporting career but ignoring that they perform weakly in some of the role's key selection criteria.*

**Groupthink:** when group members adjust their opinions to fit in with the group around them, at the expense of creativity, diversity and innovation.[10,12]

*Example: one panellist doesn't raise their concerns about a job candidate because all other panellists regard the candidate very highly.*

**Maternity bias:** "stigma toward working mothers and stereotypes of maternity that are experienced, anticipated, or internalised by both working mothers and employed women".[13] This may be based on someone's status either as a parent, or a potential parent.

*Example: a department lead offers fewer career building opportunities to mothers, based on the false assumption that they don't want "extra work".*

**Contrast effect:** when a perception of something is altered by its comparison to something else.[8,14]

*Example: a worker performing at an average level is inappropriately assessed as being a strong performer, because their predecessor was performing weakly.*

**Further reading**

*External links*

- Halo Effect In Psychology: Definition and examples [9]
- 19 unconscious biases to overcome and help promote inclusivity [11]
- To address institutional bias could be to examine privilege: The unconscious bias we don't talk about enough [15]

*Publications*

- Gordon PA, Overbey JA. *Unconscious bias in the COVID-19 era.* In: Hynes R, Aquino CT, Hauer J. Multidisciplinary approach to diversity and inclusion in the COVID-19-Era workplace. Pennsylvania, USA; 2022. P. 171–188
- Arena Jr DF, Volpone SD, Jones KP. *(Overcoming) Maternity bias in the workplace: a systematic review. Journal of Management.* 2023 Jan; 49(1):pp 52–84.
- Aldag RJ, Fuller SR. *Groupthink.* In: Spielberger C. Encyclopedia of applied psychology. Cambridge, Massachusetts: Academic Press; 2004. pp 143–151.

## What can we do about unconscious bias?

Addressing unconscious bias promotes the development of a diverse and inclusive culture where all members are supported to perform at their best. Strategies to mitigate unconscious bias at both individual and organisational levels are illustrated in the following figure.



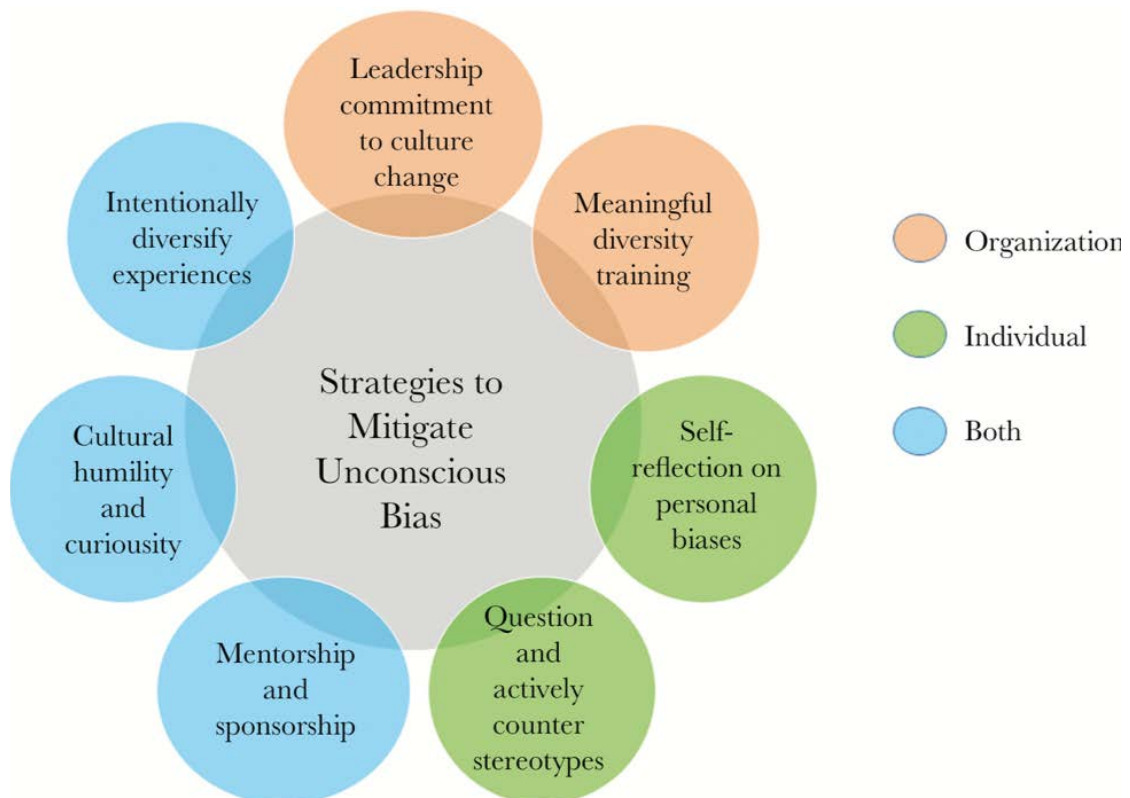Image authority to reprint: Marcelin JR, Siraj DS. The impact of unconscious bias in healthcare: how to recognize and mitigate it. The Journal of Infectious Diseases 2019; 220(1 Suppl. 2): S62–S73. Figure 2 by permission of Oxford University Press.

Here are some actions you can take to reduce unconscious bias:

## 1.  Assess your own biases and learn more

Developing self-awareness of your biases will help you to take conscious steps to avoid them affecting your decision-making.

You can assess your biases by taking an <u>Implicit Association Test</u>. These are a series of free online tests produced by Harvard University.[16] These tests help you to measure your unconscious biases relevant to gender, ethnicity and other parameters. They are easy, confidential and take about 10 minutes each.

The Managing Unconscious Bias <u>e-learning package</u> created by the Royal College of Surgeons (RCS) UK includes activities which guide self-assessment of unconscious biases.[17] It provides plenty of information and tips on how to address unconscious bias in the healthcare setting.

Below are additional unconscious bias training resources. Some of these have been produced by leading multinational companies, who have acknowledged the performance benefit of building and supporting a diverse workforce.

**Additional resources**

- Learning videos produced by Facebook "<u>Managing unconscious bias</u>" with <u>accompanying slides</u>.[18]
- <u>Microsoft eLesson</u>: Unconscious Bias [19]
- <u>Kirwan Institute Implicit Bias training modules</u> [20]

## 2.  Reflect on and modify personal behaviour

- Stay vigilant. Notice situations and language in everyday life and work which perpetuate unconscious biases. Point them out to others when they occur.
- Validate and support others when they point out unconscious bias, especially if it is your own.
- Recognise situations that might amplify unconscious bias. These include overtiredness, rushing and groupthink.
- View others as individuals rather than stereotyping them. Avoid making assumptions. Ask questions and get to know the interests, goals and aspirations of the staff in your team.
- Reflect on an impression or interaction you have had with someone recently. Would it have been the same if they were of a different gender, age, ability, ethnicity or other characteristic?
- Consider your mentorship and sponsorship practices. Do the junior colleagues who you have actively supported represent a similar or diverse range of characteristics? Do you and your department have a fair system for offering career-building roles?
- Seek a basic understanding of cultures other than your own. Expand your network of contacts, friends and colleagues from diverse backgrounds.
- Consider practicing mindfulness. Along with its many other benefits, it can assist you in being more conscious of your own biases when they occur.

**Further reading**

*External links*

- <u>IHI Multimedia Team. How to Reduce Implicit Bias</u> [21]

*Publications*

- DiBrito SR, Lopez CM, Jones C, Mathur A. *Reducing implicit bias: association of women surgeons #HeForShe task force best practice recommendations*. Journal of the American College of Surgeons 228(3):p303–309, March 2019. | DOI: 10.1016/j.jamcollsurg.2018.12.011
- Marcelin J, Dawd S, Victor R, Kotadia S, Maldonado Y. *The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It*. The Journal of Infectious Diseases 2019;220(S2):S62–73
- Lattouf A. *How to lose friends and influence white people*. Australia: Vintage; 2022.

## 3.  Be mindful of your language

- Use gender neutral language for example "parental leave" instead of "maternity leave."
- Avoid using language that could be interpreted as discriminatory or favorable to a particular gender, ethnicity or other characteristic. For example, the wording "a collaborative team member" in a job ad reads more inclusively than "a strong team member".
- Don't discuss a colleague's pregnancy plans or pregnancy status, unless they specifically invite you to do so. Don't make analytical comments about a pregnant (or any) person's appearance.
- Don't assume the gender of a person's partner (for example ask "What does your partner do?" instead of "What does your wife do?")
- Proactively ask people "What are your pronouns?" rather than assume, and share yours also. For example, "Mine are she/her." Include your pronouns in your email signature and messaging platform names. Always respect other people's pronouns and gently correct others if you are aware they are using the wrong pronouns for someone. If you make a mistake, apologise, correct yourself and carry on.
- Usually, using "they/them" pronouns is acceptable when referring to a person whose pronouns have not yet been confirmed. You can learn more about the centuries of history behind the singular "they" pronoun in reference to an individual in the resource section of Pronouns.org. [53]

**Further reading**

*External links*

- LGBTIQ Inclusive Language Guide [23] – Victorian Government
- #WordsAtWork – Building inclusion through the power of language [24]
- Pronouns.org – What and Why [22]

## Assess and address your institution's bias

When considering gender bias at an institutional level, ANZCA's Gender Equity Self-Assessment Quiz [25] and Gender Equity Resource Kit [26] are useful starting points.

Encourage team participation in your institution's initiatives to support minority groups (for example Pride week/ month, NAIDOC week, International Women's Day etc).

Take positive actions to reduce bias within your department, for example: [27]

- Review and remove biased themes from local teaching material.
- Encourage bias training for all department members.
- Maintain consistency when using introductory titles.

**Further reading**

*Publications*

- Hemphill ME, Maher Z, Ross HM. *Addressing gender-related implicit bias in surgical resident physician education: a set of guidelines.* Journal of Surgical Education. 2020; 77(3): 491-4
- Razack, S, Risor T, Hodges B, Steinert Y. *Beyond the cultural myth of medical meritocracy.* Medical Education. 2020;54:46-53.

# Case studies

In the following case studies, we'll consider examples of unconscious bias. The reflective questions and learning points included at the end of each scenario are designed to help the reader recognise and mitigate signs of bias.

**Authors' note (May 2023): Further case studies reflecting other forms of bias are currently being developed in consultation with various representatives, and will be released once finalised.**

## Case 1 – Tim

Tim is a consultant anaesthetist who is starting a committee to improve his department's difficult airway management processes. He wants to include an anaesthesia provisional fellow on the committee. The two fellows at the hospital are Emily and Johan. They're both competent and good team members.

Tim knows Emily has a young child and doesn't want extra commitments to overload her, so he asks Johan to join the committee.

Tim sees himself as a great supervisor who is always looking out for the needs of junior staff. He's pleased he has helped Emily by avoiding asking her to take on extra responsibilities, thus freeing her up for childcare duties.

Meanwhile, Emily is disappointed to have missed another opportunity to develop her clinical and leadership skills, and worries she wasn't asked to be on the committee because she is less competent than Johan.

### Reflection

*Did Tim give both trainees opportunity to express interest in the role? Have Emily's career opportunities been affected by biases towards female parents?*

This is an example of *maternal bias*. Emily missed out on an opportunity because a negative assumption was made about her availability, based on her parenting status. This bias phenomenon can be subtle. However, it impedes career-building and leadership opportunities being offered to women. This creates an imbalance of female representation in senior leadership roles and contributes to 'pipeline loss'.

A better approach for Tim would have been to ask all eligible staff to express interest for the role, stating the time commitment and role description. He could then have selected the appropriate person based on the selection criteria and interest expressed, thereby reducing the potential impact his unconscious bias may have on his trainees.

**Learning points:**

- Allocation of roles within a department should be a fair process, similar to a job selection, where all eligible staff should be able to express interest.
- Selection of staff for employment or other roles should be based on selection criteria, not assumptions around the availability or desire of particular staff to participate.
- Be aware of maternal bias. Does it affect your appraisal of others? Be vigilant and politely point it out when it occurs.
- Practice 'substitution'. Consider whether your treatment of others would be the same if they were from a different gender or cultural background.
- Avoid assumptions. If you're unsure whether someone is interested in taking on extra projects, ask them. And if they decline, consider asking them what might need to change to enable them to participate either now or in the future.
- Reflect on your own sponsorship practices. (In this setting, sponsorship refers to the provision of career-building opportunities and support to junior staff). Consider what qualities lead you to sponsor a particular person. Do you allocate opportunities fairly? Do the people you've sponsored in the past represent a diverse group?

## Case 2 – Dev

It's a few weeks into a new registrar term. Everyone in the department was sad to see Kai, the previous registrar, leave when the last term ended. His clinical skills were above expected for his training level, and he was very personable. The theatre team found him to be reliable, and a few of them also knew him from their swimming club.

Now Dev has started and several staff members are noticing a significant difference between him and Kai. Dev is softly spoken and less openly confident in his decision-making. The anaesthesia consultants are feeling they have to provide more clinical input than they did with Kai. A few anaesthetists have chatted in the office and agree that Dev's not as competent or easy to work with as Kai. They report this back to the supervisor of training (SOT).

At the mid-term feedback meeting, the SOT tells Dev that he's not meeting expectations. Dev is dismayed by this feedback, as he has a history of performing as expected for his level of training. Dev asks the SOT for some examples of where he's falling short and how he can improve. The SOT struggles to elaborate further.

### Reflection

*Based on the information provided, do you think Dev is underperforming?*

This practice of judging staff negatively by comparison to others is a result of the *contrast effect*. Kai's previous performance was well above expected standard. This has subconsciously raised the team's expectations for all future registrars. Moreso, the anaesthetists may have allowed their feeling of familiarity and shared interests with Kai to also negatively affect their appraisal of Dev. This is an example of *affinity bias*.

If the SOT were to have assessed Dev based on the expected criteria for his level of training, it would have made for a fairer and more constructive feedback session.

### Learning points:

- Appraisal of colleagues or prospective staff should be based on pre-specified criteria, not against the performance of others.
- Be mindful of contrast and affinity bias. Ask yourself, "What are the qualities of a person that make them seem likeable or unlikeable to me?" and "Is my appraisal of them linked to the performance criteria, or other factors?"
- Consult with people from different backgrounds (age, culture, gender etc) when making decisions, either on interview panels, when seeking feedback about performance, or when planning a new clinical service.
- Be vigilant in situations where bias is more likely to occur (rushing, overtiredness, groupthink) and point it out when it does occur.

## Case 3

Case 3 addresses cultural bias. It's currently being reviewed by key representatives and will be added soon. Please see below for resources relevant to avoiding cultural bias in healthcare.

### Further reading

*External links*

- ANZCA Cultural Safety module 1: First Australians [28] (must have ANZCA login).
- ANZCA Cultural Safety module 2: First Australians [29] (must have ANZCA login).
- Aboriginal and Torres Strait Islander patient care guidelines [30] – Queensland Government.
- Communicating positively: a guide to appropriate Aboriginal terminology [31] – NSW Ministry of Health.
- Call it out – Jumbunna Institute for Indigenous Education and Research University of Technology Sydney. [32]
- FAQ Culturally Safe Clinical Supervision – Australian Indigenous Doctor's Association. [33]
- FAQ Addressing Racism – Australian Indigenous Doctor's Association. [34]
- Racism: It Stops with Me – Workplace Cultural Diversity Tool. [35]
- ANZCA Indigenous Health webpage. [36]
- PS62(G) Position statement on cultural competence 2017 [52]

*Publications*

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- Selak V, Jamie-Lee Rahiri, Jackson R, Harwood M. A*cknowledging and acting on racism in the health sector in Aotearoa New Zealand.* 2020 Sep 4;133(1521):7–13
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## Unconscious bias on interview panels

Many fellows routinely participate in interview panels to recruit for various roles. Unconscious bias can impair an interviewer's ability to make a fair, objective assessment of a candidate's potential to meet performance criteria. Our personal biases are largely responsible for the "first impressions" we form of prospective employees.

Interviews can be stressful for both the candidate and the interviewer; understanding more about our biases can help make this process a little easier.

### Benefits of creating a diverse and inclusive workforce include

- Expanded talent pool from which an employer can hire.[37]
- A workplace that is more likely to identify and meet client needs.[38]
- Improved innovation[16] and productivity. [37,39]
- Stronger employee commitment profiles and better staff retention.[37]

## What are some interview practices which minimise bias?

### Panel formation and preparation:

- Create an interview panel that represents varying internal and external stakeholders relevant to the role that is being recruited.
- Ensure at least one member of the panel is familiar with the work environment of the position and the knowledge and skills required to perform the role.
- Discuss the potential for interviewer bias. Encourage panel members to take the Harvard Implicit Association Tests for gender and other biases and complete an unconscious bias training module such as those listed above in the "asses your own biases and learn more" section.
- Remind panel members of:
  - The inclusion and diversity policies and recruitment guidelines of your institution. Circulate these (or links to them) with the selection papers.
  - Federal and state discrimination and equal opportunity laws. These prohibit discrimination based on a number of diversity characteristics.
    - In New Zealand, this is covered by the Human Rights Act 1993 [40] and the Employment Relations Act 2000 [41] as well as the Treaty of Waitangi Principles.[42]
    - In Australia, this is covered by the Fair Work Act of 2009. [43]

### Writing a job description

- Consider your personal biases when writing selection criteria.
- Use gender neutral language.
- Avoid language that could be interpreted as discriminatory or favorable to a particular gender, ethnicity or other diversity group. For example, "an effective communicator" may read in a more inclusive way than "a good English speaker".
- Have colleagues from diverse backgrounds review the description to minimise the risk of unintentional bias.
- Consider incorporating a diversity statement to welcome those from diverse backgrounds to apply. For example, "*We embrace diversity and foster belonging and inclusion. We want to build teams with a variety of backgrounds, skills and views to be able to provide safe and high-quality healthcare for our diverse consumers.*" See here for more information on diversity statements.[44]

### Short-listing and interviewing applicants

- Consider de-identifying (ie removing names, ages and gender) job applications where possible when assembling the interview short-list.
- Be consistent in your decision-making and refer to the selection criteria to guide you.
- Clearly document your reasoning for or against particular applicants, keeping your selection criteria in mind.
- Evaluate applicants using your pre-defined criteria. Take care not to fall into the merit trap (read more about this here).[45]

- Undergo a pre-interview meeting to ensure all panel members understand their role in the interview, and who will ask each question.
- Base interview questions on the selection criteria. Ensure all candidates are asked the same questions.
- Remember that supplementary questions are almost certainly inappropriate if you'd only ask them to people of a specific gender.

## Post interview

- Referee checks should once again be based on the selection criteria. Don't ask personal questions about an applicant, for example their marital or family status.
- A post interview meeting should also be facilitated, during this time the panel members can debrief and compare interview notes where they can reach a consensus on who is the best suited candidate for the role.

### Further reading

*External links*

- Australian Government Workplace Gender Equality Agency [46] – A comprehensive, evidence based rundown on the effect of gender bias on recruitment, interview outcomes and promotion for women.
- Overview of unconscious bias and its effect on the workplace [47]– Queensland Government
- Three ways to keep affinity bias in check [48] – Information on recruitment bias and First Nations
- 3 hidden biases HR should be aware of [49] – Bias of Ageism, Classism and Size
- Seven Steps to Practical Reconciliation Book [50] – Indigenous Affairs
- Royal Australasian College of Surgeons Flexible Training Toolkit [51]

*Publications*

- Razack, S, Risor T, Hodges B, Steinert Y. *Beyond the cultural myth of medical meritocracy.* Medical Education. 2020;54:46–53.

### We'd like your feedback for future updates

This document recognises the significance of addressing unconscious bias and strives to promote awareness and understanding. It's essential to note that unconscious bias is a multi-faceted and complex topic. While efforts have been made to address many forms of bias, we recognise there are many more types not covered in this toolkit. As such, this document will be regularly reviewed and updated to reflect the latest research, feedback, insights and best practices.

We value the input and feedback of our readers, as it helps us improve the quality and relevance of this document.

If you have any suggestions, insights, or additional information that you believe would contribute to a better understanding of unconscious bias, we encourage you to share your thoughts here.

Together, we can work towards minimising the impact of unconscious bias and creating a more inclusive future.

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